

FORM C/OH  
COVER SHEET PG 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**15 C/OH NAME**

Mr Ronaldo H Segovia

**16 ACCOUNT # (Ethics Commission files)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$135.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$11650.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$0

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$0

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$0

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Ronaldo H Segovia, this the 5th day  
of May, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
1 of 9

**2** FILER NAME

Mr Ronaldo H Segovia

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

4/29/2005

**5** Full name of contributor

Ronald Martin

☐ out-of-state PAC (ID# \_\_\_\_\_)

**7** Amount of  
contribution (\$)  
75.00

**8** In-kind contribution  
description (if applicable)

**6** Contributor address; City; State; Zip Code

234 Lullwood  
San Antonio, TX 78212

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

5/1/2005

Full name of contributor

Hector Quesada

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

7039 San Pedro, Apt/Suite: 701  
San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

Edward Ramirez

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

614 Burwood Lane  
San Antonio, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Moses Gonzalez

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3303 Colglazier  
San Antonio, TX 78223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Elizabeth Perez

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

6625 S. Flores  
San Antonio, TX 78214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 9

2 FILER NAME

Mr Ronaldo H Segovia

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/2/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Florinda Morris

6 Contributor address; City; State; Zip Code

5714 Wales  
San Antonio, TX 78223

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ruben Tejeda

Contributor address; City; State; Zip Code

6103 Macdona  
San Antonio, TX 78221

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

National Pest Control

Contributor address; City; State; Zip Code

1526 North Pan Am  
San Antonio, TX 78208

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lujan Enterprise

Contributor address; City; State; Zip Code

2048 S WW White  
San Antonio, TX 78222

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Frank Wing

Contributor address; City; State; Zip Code

222 LaClede  
San Antonio, TX 78214

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
3 of 9

**2** FILER NAME

Mr Ronaldo H Segovia

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

5/2/2005

**5** Full name of contributor

Ismael Martinez

☐ out-of-state PAC (ID# \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

8555 Laurens Lane, Apt/Suite: 510  
San Antonio, TX 78218

**7** Amount of  
contribution (\$)  
250.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Roberto Gonzalez

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

1747 Fawn Gate  
San Antonio, TX 78248

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Deborah Serna

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

72 Sendero Verde  
San Antonio, TX 78261

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Rudy Rodriguez

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

4310 Little Lane  
San Antonio, TX 78229

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

Ernest Bromley

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

104 Elsmere  
San Antonio, TX 78212

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 9

2 FILER NAME

Mr Ronaldo H Segovia

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

William Worth

6 Contributor address; City; State; Zip Code

16867 Mossford  
San Antonio, TX 78255

7 Amount of  
contribution (\$)

500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Dennis Vollink

Contributor address; City; State; Zip Code

1903 Sherwood  
Cape Girardeau, MO 63701

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Allen Boone Humphries Robinson

Contributor address; City; State; Zip Code

3200 SW Freeway, Apt/Suite: 2600  
Houston, TX 77027

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Linda Carline

Contributor address; City; State; Zip Code

2600 Penny Lane, Apt/Suite: 118  
Austin, TX 78757

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

John Carline

Contributor address; City; State; Zip Code

2600 Penny Lane, Apt/Suite: 118  
Austin, TX 78757

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
5 of 9

**2** FILER NAME

Mr Ronaldo H Segovia

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

4/29/2005

**5** Full name of contributor

Norma Guess

☐ out-of-state PAC (ID# \_\_\_\_\_)

**7** Amount of  
contribution (\$)  
500.00

**8** In-kind contribution  
description (if applicable)

**6** Contributor address; City; State; Zip Code

6707 Crown Rdg  
San Antonio, TX 78239

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

4/29/2005

Full name of contributor

Marco Barros

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
300.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

14018 Sage Bluff  
San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

Ramon Ruiz

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

223 Bluebonnet Lane  
San Antonio, TX 78223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

Louis Minton

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1521 Payton Falls  
Austin, TX 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

Half Associates

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

8616 Northwest Plaza Dr  
Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 9

2 FILER NAME

Mr Ronaldo H Segovia

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rupert Garcia

6 Contributor address; City; State; Zip Code

418 McMullen  
San Antonio, TX 78210

7 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

3R Electric

Contributor address; City; State; Zip Code

418 McMullen  
San Antonio, TX 78210

Amount of  
contribution (\$)

200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jimmy Nassour

Contributor address; City; State; Zip Code

1200 San Antonio  
Austin, TX 78701

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

GSABA-SABPAC

Contributor address; City; State; Zip Code

8925 IH 10 West  
San Antonio, TX 78230

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ricardo Montelongo

Contributor address; City; State; Zip Code

14855 Blanco Rd, Apt/Suite: 309  
San Antonio, TX 78216

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 9

2 FILER NAME

Mr Ronaldo H Segovia

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Selrico Services

6 Contributor address; City; State; Zip Code

717 Ashby  
San Antonio, TX 78212

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ramiro Valadez Jr

Contributor address; City; State; Zip Code

PO Box 240520  
San Antonio, TX 78224

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Frank Sepulveda

Contributor address; City; State; Zip Code

211 Mecca  
San Antonio, TX 78232

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jimmy Jimenez

Contributor address; City; State; Zip Code

4026 Glenrock  
San Antonio, TX 78240

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Marissa Garcia

Contributor address; City; State; Zip Code

1170 Mesa Blanca  
San Antonio, TX 78248

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
8 of 9

**2** FILER NAME

Mr Ronaldo H Segovia

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

5/3/2005

**5** Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jeffry Sailer

Contributor address; City; State; Zip Code

2223 Encino Loop  
San Antonio, TX 78259

**7** Amount of  
contribution (\$)  
200.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Shirley Scott

Contributor address; City; State; Zip Code

5939 Autumn Lake  
San Antonio, TX 78222

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

George Cortez

Contributor address; City; State; Zip Code

800 Dolorosa, Apt/Suite: 204  
San Antonio, TX 78207

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

David Cortez

Contributor address; City; State; Zip Code

218 Produce Row  
San Antonio, TX 78207

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ruben Cortez

Contributor address; City; State; Zip Code

26 Inwood Autumn  
San Antonio, TX 78248

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
9 of 9

**2** FILER NAME

Mr Ronaldo H Segovia

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

5/2/2005

**5** Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jane Macon

Contributor address; City; State; Zip Code

300 Convent, Apt/Suite: 2200  
San Antonio, TX 78205

**7** Amount of  
contribution (\$)  
250.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

5/3/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Orlando Sepulveda

Contributor address; City; State; Zip Code

PO Box 2175  
Boerne, TX 78006

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Joseph Scott

Contributor address; City; State; Zip Code

5939 Autumn Lake  
San Antonio, TX 78222

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ronaldo H Segovia

**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:\_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:

1 of 1

**2** FILER NAME

Mr Ronaldo H Segovia

**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#:\_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:\_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ronaldo H Segovia

**4** Date**5** Payee name**7** Amount  
(\$).....  
**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule G: <div style="text-align: center;">1 of 1</div>
<b>2</b> FILER NAME Mr Ronaldo H Segovia		<b>3</b> ACCOUNT # (Ethics Commission filers)

  

<b>4</b> Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5</b> Payee name    </div> <div style="width: 45%;"> <b>8</b> Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>6</b> Payee address;      City;   State;   Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)           </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;      City;   State;   Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;      City;   State;   Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;      City;   State;   Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee name    </div> <div style="width: 45%;">           Amount (\$)    </div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Payee address;      City;   State;   Zip Code    </div> <div style="width: 45%;"> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>           Purpose of expenditure (See instructions regarding type of information required.)         </div> </div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> Reimbursement from political contributions intended         </div>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ronaldo H Segovia

**4** Date**5** Business name**7** Amount  
(\$).....  
**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1    Total pages Schedule I: <b>1 of 1</b>
2    FILER NAME  Mr Ronaldo H Segovia		3    ACCOUNT # (Ethics Commission filers)

  

4    Date	5    Payee name  ..... 6    Payee address;                      City;    State;    Zip Code	8    Amount (\$)
	7    Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ronaldo H Segovia

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	..... <b>6</b> Payor address;                      City;   State;   Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*****1 C/OH NAME**

Mr Ronaldo H Segovia

**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below *only* if you are not an officeholder. \*\*****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section *only* if you are an officeholder \*\***☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder